

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICESPRINTED: 11/16/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445217	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 11/14/2011
NAME OF PROVIDER OR SUPPLIER PINE RIDGE CARE & REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1200 SPRUCE LANE ELIZABETHTON, TN 37643		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 056 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>If there is an automatic sprinkler system, it is installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, to provide complete coverage for all portions of the building. The system is properly maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. It is fully supervised. There is a reliable, adequate water supply for the system. Required sprinkler systems are equipped with water flow and tamper switches, which are electrically connected to the building fire alarm system. 19.3.5</p> <p>This STANDARD is not met as evidenced by: Based on observation the facility failed to assure all areas of the building were provided with sprinkler coverage.</p> <p>The findings included:</p> <p>Observation on November 14, 2011 at 2:00 p.m. revealed the new vestibule at the old activity room was not provided with sprinkler coverage.</p>	K 056	<p>K056: Life Safety Code Standard</p> <p>11/23/11</p> <ol style="list-style-type: none"> 1. The providing Sprinkler vender was notified on November 14, 2011 and on November 23, 2011 the sprinkler system is now in full compliance. The NHA will provide the Plant Op Manager and all the plant staff an in-service by December 15, 2011 as to the importance of exerting the utmost attention to detail on all facets of areas that require constant daily inspection to ensure that all avenues of life safety and compliance is evident at all times. 2. The Plant Op Manager made an additional inspection on November 23, 2011 to ensure that the entire sprinkler systems were deemed 100% in compliance on that date. 3. The Plant Op Manager will monitor for this compliance of the Sprinkler Systems in an on-going daily basis. 4. The Plant Op Manager, the NHA and complete QA team will continue to ensure that this and all Life Safety Concerns are monitored in an ongoing manner via the QA quarterly reviews. The vendor that provides services to the facility on the Sprinkler systems will continue to assess the facility's systems on a quarterly, semi-annual and annual inspections. The NHA will ensure that the vendor provides the inspections as scheduled. 		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.